



## INSTRUCTIONS

This reporting form must be completed accurately and submitted by the 15th of each month after the close of the month. Send this form to the Blind and Visually Impaired section.

<b>GROSS SALES:</b>	Total receipts from vending machines or cash register
<b>RESTOCK COIN MECHANISM:</b>	Amount required to restock coin mechanisms
<b>REFUNDS:</b>	Amount refunded to customers
<b>GROSS SALES AFTER RESTOCK &amp; REFUNDS:</b>	Gross sales less restock and refunds
<b>FOOD &amp; BEVERAGE TAX:</b>	Snack bars; Amount paid for food and beverage tax
<b>SALES TAX:</b>	Amount paid for sales tax
<b>NET SALES:</b>	Amount of sales from vending machines or register receipts less food, beverage, and sales taxes
<b>BEGINNING INVENTORY:</b>	Beginning inventory at the beginning of year ( <i>which will be the ending inventory from the prior year</i> ); Inventories are to be taken annually and recorded in the cost of goods sold section. Inventories would be taken on December 31 of each year.
<b>COST OF GOODS PURCHASED:</b>	Total amount paid during the month of goods purchased for resale
<b>GOODS AVAILABLE FOR SALE:</b>	Total of beginning inventory and cost of goods purchased; In months where no inventory was taken, this amount would equal the cost of goods purchased.
<b>ENDING INVENTORY:</b>	Total amount of inventory of goods ( <i>at cost</i> ) available for resale on hand at the end of the year
<b>COST OF GOODS SOLD:</b>	Calculated by subtracting ending inventory from goods available for sale; Where no inventory is taken, this would equal goods available for sale.
<b>GROSS PROFIT:</b>	Net sales less cost of goods sold
<b>TOTAL OPERATING EXPENSES:</b>	Grand total of all operating expenses ( <i>from page 2</i> )
<b>OPERATING PROFIT:</b>	Gross profit less total operating expenses
<b>OTHER INCOME:</b>	Amount received as commissions from commercial vending machines
<b>NET PROCEEDS:</b>	Operating profit plus other income
<b>SET-ASIDE:</b>	Percent of net proceeds established by agency to be paid and submitted with this monthly report
<b>NET INCOME TO VENDOR:</b>	Net proceeds less set-aside



# VENDING FACILITY MONTHLY REPORT (cont.)

State Form 35326 (R7 / 9-05) / BVIS 0004  
 BLIND AND VISUALLY IMPAIRED SERVICES  
 Approved by State Board of Accounts, 2005

Name of vendor	Reporting period				
	From	To	To	To	To
	SITE NUMBER:				
	_____	_____	_____	_____	_____
<b>OPERATING EXPENSES</b>					
ACCOUNTING					
ADVERTISING					
AUTO EXPENSE					
COMMISSIONS-PAID					
CONTRIBUTIONS					
EMPLOYEE BENEFITS					
ENTERTAINMENT					
HIGHWAY-1.5%					
INSURANCE					
JANITORIAL					
LAUNDRY					
LEGAL EXPENSE					
LICENSES					
MISCELLANEOUS EXPENSE					
OFFICE EXPENSE					
POSTAGE					
RENT					
REPAIRS					
SUPPLIES					
TAX-PAYROLL					
TELEPHONE					
TRADE DUES, ETC.					
TRAVELING EXPENSE					
UTILITIES					
WAGES & COMMISSIONS					
<b>TOTAL OPERATING EXPENSES</b>					
<p>To make entries to this form, move the mouse to the &gt;&gt; <span style="border: 1px solid black; padding: 2px;">outlined box</span> click, then type in your entry.            In order to standardize the information BVIS receives from vendors in the monthly report form, we ask that you follow the categories listed here to enter certain expense items. On the expense sheet, enter as follows below: <b>Your cooperation will be appreciated.</b></p>					
Janitorial includes:	Miscellaneous Expense:	Commissions Paid:			
Trash	Bank Charges Interest Charges All other expenses not specified	Commercial Highway Site Department of Corrections Any other commission paid			

## INSTRUCTIONS

### OPERATING EXPENSES

<b>ACCOUNTING:</b>	Total amount paid for accounting or bookkeeping fees
<b>ADVERTISING:</b>	Total amount paid for advertising or promotion items
<b>AUTO EXPENSE:</b>	Total amount paid for vehicle expenses
<b>CONTRIBUTIONS:</b>	Total amount paid for contributions, sponsorships, etc.
<b>EMPLOYEE BENEFITS:</b>	Total amount paid for life or health insurance plans, retirement plans, or other benefits for employees
<b>ENTERTAINMENT:</b>	Total amount paid for business related entertainment
<b>HIGHWAY - 1.5%:</b>	Total of highway utility, maintenance fee paid to state
<b>INSURANCE:</b>	Total amount paid for insurance liability protection or other insurance, including workman's compensation insurance
<b>JANITORIAL:</b>	Total amount paid for janitorial or cleaning services
<b>LAUNDRY:</b>	Total amount paid for uniforms and laundry service
<b>LEGAL EXPENSE:</b>	Total amount paid for professional fees and legal fees
<b>LICENSES:</b>	Total amount paid for licenses or permits
<b>MISCELLANEOUS EXPENSE:</b>	Total amount paid for other expenses not categorized elsewhere
<b>OFFICE EXPENSE:</b>	Total amount paid for office supplies and expenses
<b>POSTAGE:</b>	Total amount paid for postage, UPS, or freight
<b>RENT:</b>	Total amount paid for rent of business property
<b>REPAIRS:</b>	Total amount paid for repair or maintenance of equipment
<b>SUPPLIES:</b>	Total amount paid for supply items used in operating the business; Examples: Cleaning materials, paper products and supplies, trash can liners, plastic ware, towels, etc.
<b>TAX - PAYROLL:</b>	Employer's amount of FICA taxes and unemployment taxes paid
<b>TELEPHONE:</b>	Total amount paid for telephone service
<b>TRADE DUES, ETC.:</b>	Total amount paid for dues, memberships, and publications
<b>TRAVELING EXPENSE:</b>	Total travel expenses related to business
<b>UTILITIES:</b>	Electrical, water, and heat
<b>WAGES &amp; COMMISSIONS:</b>	Total amount of salaries and wages paid to employees and commissions